



MISSOURI DEPARTMENT OF NATURAL RESOURCES
LAND RECLAMATION COMMISSION

PERMIT RENEWAL FOR INDUSTRIAL MINERAL MINES 10 CSR 40-10.020(3)

P.O. BOX 176
JEFFERSON CITY, MO 65102-0176

NAME OF CORPORATION, COMPANY, PARTNERSHIP OR INDIVIDUAL		DATE	
ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON		TELEPHONE NUMBER	

FEES: COMPLETE SECTION I OR SECTION II – Signature and Notarization Required by All Applicants

SECTION I. Fees: Open pit operators and those mining more than five thousand (5,000) tons of sand and/or gravel:

1. To compute the site fee complete the information below:

SITE NAME OR NUMBER (add a separate sheet for additional sites)	Mark each month that the site will be operated during the permit year	For sites operated less than six (6) months per permit year pay \$150.00 For sites operated six (6) months or more per permit year pay \$300.00
1.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
2.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
3.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
4.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
5.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
6.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
7.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
8.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
9.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
10.	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec	\$
TOTAL SITE FEE		\$

2. Acreage Fee \$5 X _____ **number of acres bonded**\$

3. Annual Permit Fee\$ **500.00**

4. Total Fee (Add totals from 1, 2 and 3)\$

NOTE: If Total Fee exceeds \$2,500.00 then pay only\$ **2,500.00**

SECTION II. FEES: Sand and/or gravel operators mining less than five thousand (5,000) tons per year:

1. Annual Permit Fee\$ **300.00**

ATTACH ADDITIONAL SHEETS IF NECESSARY - SIGNATURE AND NOTARIZATION REQUIRED FOR ALL APPLICANTS.

SIGNATURE OF APPLICANT	TITLE	DATE
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Appeared before me this _____ day of _____, 20____, _____
to me personally known, who executed the above as their free acts and deeds.

NOTARY PUBLIC EMBOSSER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF		USE RUBBER STAMP IN CLEAR AREA BELOW.
	YEAR		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

FOR DEPARTMENT USE ONLY: APPROVED BY	DATE APPROVED	PERMIT NUMBER	EXPIRATION DATE
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